

He rapidly recovered without any fever, the wound healing *per primam* about the 9th day. On the 16th, he was discharged in a greatly improved general state. The dissection of the new growths showed that they invaded the subcutaneous layer, fasciæ, the intermuscular tissue, and sheaths of tendons. The little finger's phalanges were entirely absent, its metacarpal bone being as soft as a fibrous cartilage; the ring finger's phalanges were similarly softened. The microscopical examination proved that the tumor was a typical colloid cancer.—*Meditzinsko Spisanie* (Bulgaria), June 10, 1888.

VALERIUS IDELSON (Berne).

**II. Cases of Compound Dislocation of the Ankle Joint.**  
By MR. CROLY (Dublin). A man was admitted with compound dislocation of the ankle joint which had followed a fall of 20 feet off a straw rick. The fibula and tibia projected externally through a rent in the soft parts. The foot was twisted upwards and inwards. Reduction was effected under ether by the author, the wound was dressed antiseptically and splints applied. In the other case the accident was caused by the patient a coal porter, having his foot caught between the shaft of a coal dray and the horse's side. On admission the tibia protruded four inches through a lacerated wound at the inside of the right ankle joint and the fibula was comminuted. Reduction was effected under ether, a drainage tube inserted, antiseptic drainings used, and the limb placed in a flexed position. Gangrene threatened, but timely incisions were made, and the patient at the time of the report was doing well with every promise of a useful foot.—*Medical Press and Circular*, July 25, 1888.

H. PERCY DUNN (London).

**III. Successful Simultaneous Triple Amputations for Railway Injuries.** By JAMES BUCKNER LUCKIE, M. D. (Birmingham, Ala). (1) A colored man, æt. 21, was run over by a locomotive, the left foot and ankle being literally crushed to pieces, the right foot and ankle and the right hand and wrist similarly mangled, together with other severe injuries. The patient was greatly collapsed but the following modified circular amputations were performed: the

left thigh at the lower third, the right leg at the lower third and the right arm at the lower third. The patient made a good recovery, except that a button of bone had to be removed from the right leg two months later.

(2) A man, æt. 32, was run over by a loaded freight car crushing both legs at and a little above the knees and the right arm from the tips of the fingers to above the elbow. The left thigh at the middle third, the right thigh at the juncture of the middle and lower third and the right arm at the middle third were amputated by the modified circular operation. The man rallied well and recovered rapidly delayed only by a necrosis in the stump of the left thigh. In both cases two limbs were amputated simultaneously by the author and Dr. B. G. Copeland.—*Journal of the National Association of Railway Surgeons*, August, 1888.

JAMES E. PILCHER (U. S. Army).

#### TUMORS.

I. **Arborescent Lipoma of Sheaths of Tendons.** By H. HAECKEL. A case is related of this rare affection. The patient first noticed a pain in the left index finger three years before coming under observation. All the other fingers eventually became affected in a like manner, and at the same time a well defined swelling upon the dorsum of the finger occurred. This latter varied, at times increasing, and again lessening in size. Crepitation like that due to rice bodies was felt upon movement. The overlying skin was unchanged. Diagnosis, rice body hygroma of the sheaths of the tendons. Upon incision a honey-like fluid escaped. Tendon covered with a light yellow growth of soft consistence, with reddish-yellow spots. The growth was characterized by small prominences partly club-shaped partly grape-like, and with long pedicle.—*Centralblatt f. Chirurgie*, No. 17, 1888.

G. R. FOWLER (Brooklyn).

II. **On the Final Results of Cancers of the Face, with the Exception of Cancer of Lip.** By DR. OHREN (Wurzburg),